

**APPLICATION FOR STATE OF HAWAII WASTEWATER OPERATOR
CERTIFICATION EXAMINATION – August 18, 2011**

Mail to: Board of Certification of Operating Personnel in Wastewater Treatment Facilities Department of Health, State of Hawaii 1350 Sand Island Parkway, Building 3A Honolulu, Hawaii 96819 Phone (808) 832-5478 Fax (808) 832-3496	Do Not Write in This Space – Office Use Only Date Received: _____ Amount Received: _____ Amount Due: _____ Total CEUs: _____ Comments: _____
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SEE SEPARATE INSTRUCTION SHEET ON COMPLETING THIS APPLICATION**SECTION A: GENERAL INFORMATION**

[] Check here for address change

(Please Print) (LAST) (FIRST) (M.I.)

Street, Box, Route

City and State Zip Code

Home Phone Work Phone Fax Number

SECTION B: APPLICATION PROCESSING FEE

- Applying for Examination for Operator Grade: 1 2 3 4
Circle Grade # or #'s if requesting two examination levels. **Grade level must be indicated.**
- Current license no.: _____ Issuance date: _____
- Submit only a \$25.00 NON-REFUNDABLE processing fee for each examination application.** If you qualify for taking the examination, you will be notified to submit the required examination fee.

Attach check or money order payable to the STATE OF HAWAII. DO NOT SEND CASH.**SECTION C: WORK EXPERIENCE**

- Plant Employment:** List only your treatment plant operations experience. Each plant worked at must be listed separately. For each plant, list both the start and end dates and the **TOTAL NUMBER OF HOURS** worked excluding sick leave and vacation. Note: Experience as a plant worker, sewer maintenance crewmember, chemist, lab technician, plant engineer, or pumping station operator **does not** qualify as operator work experience to take the certification examination(s). One-year of full-time employment in the actual operation of a wastewater treatment plant shall be attained over a period of no less than 12 months and be at least 1,632 hours (no more than one year of work experience may be accumulated within a 12 consecutive month period). Work experience will only be credited up to the exam application deadline date.

Operator Experience

Name of Plant

Plant Type

Mo/Day/Year

From To

Total Hours

FORM 1

SUPPLEMENT TO WORK EXPERIENCE: Complete the form that is attached to this application.

2. Employer/DRC **EMPLOYMENT VERIFICATION** (Check one only):

A. _____ I have reviewed the above work experience and have verified the operating work experience and hours of employment of the applicant.

B. _____ I have reviewed the above and can verify only the following work experience items.

I certify under penalty of law that the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine for knowing violations.

Signature: _____

(Present Employer or DRC)

Print Name _____ Phone No. _____ Certificate No. _____
(if applicable)

SECTION D: EDUCATIONAL AND TRAINING COURSES

1. Name and location of high school attended: _____

Attach copy of high school diploma, if taking examination for the first time.

2. University or college courses/degrees received: _____

Attach official copy of college/university transcripts and diplomas.

3. Continuing Educational Credits (CEUs): (Please provide copy of certificate(s)).

<u>NAME OR TITLE OF COURSE</u>	<u>DATE OF COURSE</u>	<u># of CEUs</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION E: SIGNATURE

I certify that all the information contained in this application is true and correct to the best of my knowledge and belief. I understand that knowingly making false statements may result in revocation of any certificate granted to under the provisions of Hawaii Administrative Rule, '11-61-5(d)(1).

I also consent to allowing the Board to investigate and verify my employment record and other statements for the purpose of determining qualification for certification examination.

Applicant Signature: _____ Date: _____

DESCRIPTION OF EXPERIENCE

1. Types of physical and chemical tests you have performed as an operator.

Check appropriate item(s):

Gas Analyses	_____	Volatile Solids	_____
Nitrogen Series	_____	Total Solids	_____
Chlorine Residual	_____	Volatile Acids	_____
COD	_____	Alkalinity	_____
Settleable Solids	_____	Fixed Solids	_____
Phosphorus	_____	Settleability	_____
Dissolved Oxygen	_____	BOD	_____
pH	_____	Fecal Coliform	_____
Suspended Solids	_____	Other (specify)	_____

2. List the types of operational control parameters maintained or reviewed for process control.

Check appropriate item(s):

Wasting	_____	SVI	_____
CRT	_____	Sludge Age	_____
Settleability	_____	F/M Ratio	_____
Mass Balance	_____	Other (specify)	_____

3. List the type of records that you have maintained or requested and reviewed as part of comprehensive studies and evaluations. Check appropriate item(s):

Power Consumption	_____	Repairs	_____
Water Consumption	_____	Laboratory Reports	_____
Flow Data	_____	Raw Wastewater By-pass	_____
NPDES Permit Reports	_____	Power Failure	_____
Preventive Maintenance	_____	Storm Reports	_____
Overhauls	_____	Other (specify)	_____

4. Check the types of equipment and processes which you have operated or supervised operation.

Check appropriate item(s):

Screening/Comminution	_____	Secondary Clarifiers	_____
Grit Removal	_____	Trickling Filters	_____
Stand-By Power Equipment	_____	Activated Sludge	_____
Pumps	_____	Chemical Process	_____
Primary Clarifiers	_____	Biological Process	_____
Thickening	_____	Chemical Recovery	_____
Anaerobic Digestion	_____	Carbon Regeneration	_____
Aerobic Digestion	_____	On-Site Disinfectant Generation	_____
Mechanical Dewatering	_____	Ion Exchange	_____
Incineration	_____	Aerated Lagoon	_____
Sludge Drying Beds	_____	Oxidation Ditch	_____
Chlorination	_____	Stabilization Pond	_____
Dechlorination	_____	Ozonation	_____
Membrane Filtration	_____	Ultraviolet Disinfection	_____
Sand Filtration	_____	Odor Scrubbers (describe type)	_____
Rotating Biological Contactor	_____		_____

FORM 1

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

IMPORTANT NOTICE: NO REFUNDS OR CREDITS WILL BE GIVEN TO APPLICANTS FAILING TO SUBMIT A COMPLETE APPLICATION OR WHO MISS TAKING THE EXAMINATION.

- *EXAMINATION APPLICATION PROCESSING FEE - \$25.00 PER EXAMINATION APPLICATION
- *CURRENT ADDRESS AND PHONE NUMBER
- *YOUR SIGNATURE AND DATE ON FORM 1 AND SUPPLEMENT TO WORK EXPERIENCE
- *EMPLOYMENT VERIFICATION SIGNED AND DATED BY YOUR EMPLOYER / DRC
- *COPY OF HIGH SCHOOL DIPLOMA OR GED, IF TAKING EXAM FOR FIRST TIME
- *COPY OF COLLEGE/UNIVERSITY DIPLOMA AND TRANSCRIPTS OF COURSES COMPLETED
- *COPY OF ALL TRAINING CERTIFICATES, OR CERTIFIED COPY FROM STATEWIDE OPERATOR TRAINING CENTER ACKNOWLEDGING PRIOR RECEIPT OF HIGH SCHOOL OR COLLEGE DIPLOMA AND TRANSCRIPTS, AND/OR TRAINING CERTIFICATES